Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                   |                                  |              |                  |            | SMALL ENTITY TYPE |                          |       | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|-------------------|----------------------------------|--------------|------------------|------------|-------------------|--------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 15                |                                  |              |                  |            | RATE              | FEE                      | ]     | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED      |                                  | NUMBER EXTRA |                  | ВА         | SIC FEE           | 385.00                   | OR    | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | \                 |                                  | *            |                  | ,          | X\$ 9=            |                          | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | <u> </u>          | inus 3 =                         | * 1          |                  |            | X43=              |                          | OR    | X86=                       | 80                     |
| ML  | ILTIPLE DEPEN  | NDENT CLAIM P                             | RESENT            |                                  | ,            |                  | +          | -145=             |                          | OR    | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                   |                                  |              | T                | OTAL       |                   | OR                       | TOTAL |                            |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                   |                                  |              |                  |            |                   |                          |       |                            | THAN<br>ENTITY         |
| _   | (Column 1)   |   | (Colun            |                                  |              |                  | , <u> </u> | WALL C            |                          |       | JIIIAEE                    |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUMI<br>PREVIO                   | BER<br>OUSLY | PRESENT<br>EXTRA | F          | RATE              | ADDI-<br>TIONAL<br>FEE   |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                               |              | =                | ×          | (\$ 9=            |                          | OR    | X\$18=                     |                        |
| AME   | Independent  | *   | Minus             | ***                              |              | =                | >          | <b>&lt;</b> 43=   | , ,                      | OR    | X86=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                   |                                  |              |                  |            | 145=              |                          | OR    | +290=                      |                        |
|   |  |   |                   |                                  |              |                  |            | TOTAL             |                          |       | TOTAL                      |                        |
|   |  | ADD                                       | DIT. FEE          |                                  |              | ADDIT. FEE       | •          |                   |                          |       |                            |                        |
|   | <del></del>  | (Column 1)<br>CLAIMS                      |                   | (Colun                           |              | (Column 3)       | 1 —        | T                 | A D D I                  |       |                            | ADDI                   |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           | ,                 | NUMI<br>PREVIO<br>PAID           | DUSLY        | PRESENT<br>EXTRA | F          | RATE .            | ADDI-<br>TIONAL  <br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                               |              | =                | X          | (\$ 9=            |                          | OR    | X\$18=                     |                        |
| AME   | Independent  | *   | Minus             | ***                              | CL AINA      | =                | ×          | (43=              |                          | OR    | X86=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                   |                                  |              |                  |            | 145=              | -                        | OR    | +290=                      |                        |
|   |  |   |                   |                                  |              |                  |            |                   |                          | OR    | TOTAL<br>ADDIT. FEE        | -                      |
|   |  |   | OIT. FEE <b>L</b> |                                  |              | 100111122        |            |                   |                          |       |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                 | HIGH<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA | R          | RATE              | ADDI-<br>TIONAL<br>FEE   |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                               |              | = .              | X          | \$ 9=             |                          | OR    | X\$18=                     |                        |
| AME   | Independent  | *   | Minus             |                                  |              | =                | ×          | 43=               |                          | OR    | X86=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                   |                                  |              |                  |            |                   |                          | I     | .000                       |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                   |                                  |              |                  |            | 145=<br>TOTAL     |                          | OR    | +290=                      |                        |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                   |                                  |              |                  |            |                   |                          | OR ,  | TOTAL<br>ADDIT. FEE        |                        |
|   |  | mber Previously Pa<br>hber Previously Pai |                   |                                  |              |                  |            | IT. FEE L         | ropriate box             |       |                            |                        |